

From: PHOENIX LAW PARTNERS

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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : I20100000059
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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
SIMPLY ME LLC

Certificate of Status	1
Certified Copy	0
Page Count	0203
Estimated Charge	\$90.00

A. LUNT

FEB 28 2011

EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Simply Me LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000002989

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Miller
Name of Person

Phoenix File & Pagidipati PLLC
Name of Firm/Company

12800 University Drive, Suite 260
Address

Fort Myers, FL 33907
City/State and Zip Code

dm@PhoenixFile.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Miller at (239) 461-0101
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 FEB 27 AM 10:06
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TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Charles PT Phoenix, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for Simply Me LLC

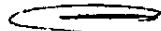
Name of Limited Liability Company

L11000002989

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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